

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 10645769 FILING DATE 8-2-03

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | | |
|--------------|----------|-----|---------------------|-----|---------------------|-----|--------------|
| | IND | DEP | IND | DEP | IND | DEP | |
| 1 | / | | | | | | 51 |
| 2 | / | | | | | | 52 |
| 3 | 2 | | | | | | 53 |
| 4 | / | | | | | | 54 |
| 5 | / | | | | | | 55 |
| 6 | / | | | | | | 56 |
| 7 | 2 | | | | | | 57 |
| 8 | 2 | | | | | | 58 |
| 9 | / | | | | | | 59 |
| 10 | / | | | | | | 60 |
| 11 | 2 | | | | | | 61 |
| 12 | 2 | | | | | | 62 |
| 13 | | | | | | | 63 |
| 14 | | | | | | | 64 |
| 15 | | | | | | | 65 |
| 16 | | | | | | | 66 |
| 17 | | | | | | | 67 |
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| 47 | | | | | | | 97 |
| 48 | | | | | | | 98 |
| 49 | | | | | | | 99 |
| 50 | | | | | | | 100 |
| TOTAL IND. | 2 | | | | | | TOTAL IND. |
| TOTAL DEP. | 15 | | | | | | TOTAL DEP. |
| TOTAL CLAIMS | 17 | | | | | | TOTAL CLAIMS |